

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/24/2015
NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell on September 24, 2015. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 132}	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, like toilets, tubs and showers, are designed to provide privacy in group settings. Followup Findings on September 24, 2015: a. There are no privacy curtains or partitions provided in the Group Bathrooms throughout the facility.	{C 132}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor	{C 164}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 164}	Continued From page 1 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Followup Findings on September 24, 2015: a. Bedroom 9 walls need cleaning. 3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Followup Findings on September 24, 2015: a. The connection of the commode to the floor was loose in Bathroom near Bedroom 22.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this	{C 166}		

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{C 166}	Continued From page 2 Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Followup Findings on September 24, 2015: a. The HVAC grilles, ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Return in corridor neat Bedroom 5,	{C 166}		
{C 185}	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building.	{C 185}		

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{C 185}	Continued From page 3 Findings on June 18, 2015: 1. There was no documentation of third and fourth quarter rehearsals for the last twelve months. 2. The fire plan rehearsal records provided only a limited description of what the rehearsal involved	{C 185}			
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Followup Findings on September 24, 2015: a. With the Firewall doors closed, the Exit is not visible and on both sides of the Firewall there were no exit signs directing you to exit through the door. 4. Based on observation, the Building was not maintained in a safe and operating condition,	{C 189}			

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{C 189}	<p>Continued From page 4</p> <p>because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.</p> <p>Followup Findings on September 24, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the Nurse Station.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Followup Findings on September 24, 2015: d. Bedroom 23 corridor door does not close completely and latch, when using normal closing force.</p> <p>10. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Followup Findings on September 24, 2015: g. In the Storage Room under the Back Porch near the Kitchen the ceiling was missing in area and had fallen down in other areas. h. The exhaust fan grille did not completely</p>	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>cover the hole through the ceiling at the following locations to include but not limited to:</p> <p>iv. Mop Room</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist.</p> <p>Followup Findings on September 24, 2015:</p> <p>a. There was a "telephone cable" running in the corridor door opening, interfering with the proper closing of the door to the Dining Room.</p> <p>13. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply.</p> <p>Followup Findings on September 24, 2015:</p> <p>a. The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p>	{C 189}		